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REMEDY FOR FACIAL ERYSIPELAS.

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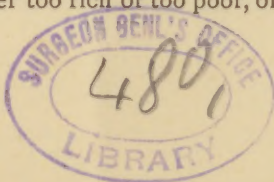


ICHTHYOL AS A REMEDY FOR FACIAL ERYSIPELAS.

THERE have been a number of cases of facial erysipelas in this city for the past month or two, and some deaths, and it is of interest to inquire from whence it came and how it came, whether it is following in the wake of influenza, as one pest follows another, as typhus follows cholera, or is only accidentally endemic or sporadic. Necessarily following this inquiry, the mode of treatment comes in for a share of attention.

Erysipelas has never been considered a contagious disease in the true sense of the term, like the eruptive fevers,—small-pox, scarlet fever, or measles; but was believed to be propagated by atmospheric or climatic influences, or a specific poison, like malarial fever from a paludal atmosphere or typhoid fever from sewage contamination, was supposed to be idiopathic, and to bear some resemblance to pneumonia, pleurisy, laryngitis, bronchitis, or angina. At present we know it is a contagious disease.

The old belief was that the condition of the blood had in some remarkable way something to do with its development, that the blood was either too rich or too poor, or “out



of order" in some way, and hence "blood purifiers" were the only remedy. In our day, however, when micro-organisms are held to be the cause of all diseases, the erysipelatous microbe—the streptococcus erysipelatosus—is charged with being its chief, if not its only origin.

Erysipelas seems to be a true dermatitis, an especial or specific dermatitis, qualified by the term erysipelas,—an erysipelatous dermatitis. This particular erysipelas generally attacks the face only. Why it should attack the face, and a particular portion of the face in the beginning and not the whole face at once, is not known. It has its beginning, like a wheal or spot of urticaria, or sting of an insect, and from that small area spreads to the entire face, sparing no portion, except perhaps the globe of the eye, the ears, scalp, or neck. The lymphatics are always affected,—swollen, inflamed, and tender,—and in many cases this is its point of departure.

It is believed at first to be a local disease, confined to the dermic tissues, extending to the subcutaneous area, and between the cutis and epidermis. The parts swell from serous infiltration, and become tense and shiny. But it may become constitutional if the local lesion is allowed to run on unchecked. Its tendency is to extend itself to the meninges of the brain, not by metastasis, but by simple extension, usually through the nasal passages, and it may be the consequence of the malignant character of the disease, or from incipient collapse.

Sometimes the delirium, which is often manifested, is due to fever alone, and not to

implication of the meninges. Violent epistaxis may come on in such a condition and arrest its progress. I have seen such a result. It occurred in my own case, and was, doubtless, salutary. It acted as a revulsive, relieved the engorged vessels, and relieved the delirium. It is occasionally complicated with bronchial or with intestinal catarrh, with intense hyperæmia of the kidneys, or with catarrhal or croupous inflammation of uriniferous tubules, and it may end in gangrene. It is a disfiguring disease, and makes the subject of it look hideous, deformed, and unrecognizable, and it is not without its danger.

It is usually regular in its course, and terminates favorably in from six to twelve days, according to its degree of severity, and as to whether its type is mild or malignant. It is in the latter type, if complicated by or associated with a broken-down or depressed constitution, physical or mental overwork, with their congener,—anæmia,—that it becomes fatal.

Facial erysipelas is self-limited, is in a large per cent. of the cases remediable, is to a great extent self-curable, and gets well without the intervention of medicines. It may be true that erysipelas, as it ordinarily occurs, may require little or no treatment, yet this non-interference would not be the proper attitude for the physician, nor would it be satisfactory to the patient or his friends, and it would be very hazardous, for it frequently and unexpectedly takes on alarming symptoms, from its malignancy, and may cause death in a very few days.

The old plan of local treatment, by sur-

rounding the diseased parts with iodine or nitrate of silver, with the notion that it would stop its extension,—arrest its spreading,—is, I am glad to say, now almost abandoned. No one knows how much injury such practice entailed. I was foolish enough in the beginning of my career to follow the teachings and promptings of my elders to pursue the same line of treatment, but I have long since discarded it for what I conceive is far better, or, at least, a practice more conservative and quite as successful. I saw the last of a medical gentleman, whose face was blackened beyond recognition, and unconscious, whose kind medical *confrères* could not save, notwithstanding they plied him vigorously, hypodermically, with whiskey and digitalis. This gave me additional proof that such proceedings were wrong. I have treated many a case successfully with no other application than wheat flour dusted over the face with an eider-down puff or soft flannel, and a few drops of muriated tincture of iron and a few grains of quinine, with plenty of liquid nourishment.

There is no doubt in the world that the simplest, most emollient, most soothing, and least irritating application is the best in these cases. If “striking in” can take place, it is certainly hurried or facilitated by irritant substances, which are calculated also to still further excite the inflammatory process and give a tendency to still further overload the already engorged dermic and subdermic tissues, and lead to gangrene.

The simple application of vaseline or coca-butter or olive oil, without the addition

of mineral substances, as zinc or bismuth, will, in a large per cent. of the cases, be sufficient. I think nothing is gained by the application of the ice compress or by minute incisions, as recommended. I think it is time lost, and neither would answer in private practice.

I am quite pleased with ichthyol as a local application in this affection. The few cases I have treated with it may not be sufficient to form an opinion, but in each case I obtained uniform and unvarying success, and, as each patient exclaimed, it "acted like a charm."

I was directed to it, or influenced to use it, by the report of Dr. Klein (*Berlin. Klin. Wochenschrift*, September 28, 1891, and supplement, *British Medical Journal*, November 7, 1891), who regards it almost as a specific, from its powerful action in retarding the growth of the streptococcus erysipelatosus, thereby shortening the average length of an attack of erysipelas by one-half. He finds the average duration of an attack, when ichthyol is used, only six days, three days after the actual application has been begun. He observed a marked action in lowering the temperature and allaying the fever. This is the experience I have had with ichthyol. In three days after the treatment was begun in my cases by washing off the applications, the improvement was manifest, and the fever never rose after the second day, but gradually declined. The ichthyol is not at all unpleasant, and was not objected to by patients. It makes the skin a dark-brown color, and, of course, looks unsightly while on, but it does not stain the skin, and is easily washed off.

The bedclothing and pillows, as well as the garments of the patient, should be protected, as wherever it touches it leaves a brown mark, which is easily removed by washing. The best plan of using it is to compound an ointment of equal parts of ichthyol and vaseline or lanolin, or, if a weaker or thinner one is desired, equal parts of ichthyol, lanolin, and water will be better where a large cutaneous surface is under treatment. My plan is to order two drachms each of ichthyol, lanolin, and water, and have this applied uniformly over every part of the erysipelatous inflammation, ears, eyelids, and all, and repeat this at least twice daily. In three days, on washing it off with a little tepid water, and with or without a little lather of fine quality of soap, it will be found that the swelling has subsided, and the erysipelatous process has been arrested, except perhaps on the extreme borders. I have discontinued it after three days, and dusted the paler parts with flour, applying the ichthyol only to the outskirts, the irregular parts of the pinna of the ear and back of the neck. But a better plan is to continue the application until the sixth day, or until all traces of the disease externally have disappeared. This will not be beyond the fifth or sixth day. In addition to this, I order 10 drops of a mixture of thirty grains of quinine in one ounce of muriated tincture of iron every three hours, and nourish the patient well. The remarkable part of the treatment is that the temperature is at once reduced, and is not elevated again, never going beyond 100 or 102, and may be normal after the first day. No relapses have taken

place in my cases, and convalescences were satisfactory and without sequelæ. I know of no more satisfactory remedy.

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